

Case Number:	CM13-0065395		
Date Assigned:	06/20/2014	Date of Injury:	07/11/2008
Decision Date:	07/25/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61-year-old female sustained an industrial injury on 7/11/08, pushing a Hoyer lift. She underwent right knee arthroplasty on 6/2/11, patellar realignment due to lateral patella subluxation on 12/12/11, and conversion/revision of the bicondylar knee arthroplasty to total knee arthroplasty on 3/26/13. The patient attended 23 post-operative physical therapy visits. The 11/27/13 treating physician report cited complaints of constant mild knee pain with popping and weakness. The physical exam findings documented healed incision, mild swelling, range of motion 0-125 degrees, marked quadriceps atrophy, 4/5 quadriceps and hamstring weakness, positive anterior drawer sign, positive valgus/varus testing. The treating physician indicated the patient would require total knee replacement revision, liner gel exchange due to looseness of the knee. The patient was to continue her home exercise program, cane use, ice, and Voltaren gel. The 12/10/13 utilization review denied the request for total knee replacement revision as there was no documentation that the patient had been evaluated for infection, no recent weight bearing x-rays documenting the looseness of the components, and no documentation of compliance to a home exercise program to address quadriceps atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TKR REVISION-LINEAR GEL EXCHANGE (RIGHT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Revision total knee arthroplasty.

Decision rationale: The California MTUS does not provide recommendations for revision total knee arthroplasty. The Official Disability Guidelines recommend revision total knee arthroplasty for failed knee replacement when surgical indications are met. The criteria includes recurrent disabling pain, stiffness and functional limitation that have not responded to appropriate conservative nonsurgical management (exercise and physical therapy), fracture or dislocation of the patella, component instability or aseptic loosening, infection, or periprosthetic fractures. The guideline criterion has not been met. There is no imaging documentation indicating that the current components are loose. There is no documentation that a work-up has been completed to rule-out infection. There is no documentation that the patient had been compliant in home exercise to address quadriceps atrophy. Recurrent disabling pain and current functional assessment are not documented. Therefore, this request for TKR revision-linear gel exchange (right) is not medically necessary.